SEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

SMALL ENTITY

09/986726

OTHER THAN

			(Column 1)		(Column 2)		TYPE			OR	SMALL	ENTITY
TOTAL CLAIMS							RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•		XS) :::		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		A		X40) ::		OR	X86=	
MULTIPLE DEPENDENT CLAIM PE			RESENT				+ 14	٠ <u>-</u>		OR	+290×	
• 11	the difference	in column 1 is l	ess than zero) ente	0 пи собинию 2		101			OR OR	TOTAL	
	Cl	_AIMS AS A	MENDED - PART II					•			OTHER	
		in harm to		. 4.,	: • : '	1		d.i.t	NTITY	. 11.5	SMALL	ENTITY
AMENDMENT A	in the second se	ALTER ALTER AMENDMENT		12-15-15-15-15-15-15-15-15-15-15-15-15-15-	1) : .	· · : i · ·	1 / 1 / 1	į	HONAL.		13611	Enni HONAL FEE
	Total	. 24	Minus	2	20	4	3.5	Ģ		OR	X\$18	1200
	Independent	— 7	Minus	ى	3		X40	· ,		ÒR	X86≔	86 00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									OB	+290=	·
								MAL ccc		OR	TOTAL ADDIT FEE	1174
ADDIT FEE (Column 1) (Column 2. (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER	PRESENT FATER	174	Ţ::	ADDI TIONAL FEE		BATE	ADDI- TIONAL FEE
	Totai	•	f.Angress	r f		_	,	- i		्राद	K\$18 .	
	Inaependent	•	Minus	***		=.	X4	З÷		OR	X8G=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				T CLAIM		41-			OR	+290=	1
										OR	TOTA	
												C. L
		(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·		imn 2) HEST	(Column 3) T	1	20 COUNTY SEC. 9" - 15 - 16 - 16		7		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER HOUSLY DIFOR	PRESENT EXTRA	H/	JE	AUÜI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	£* .		=-	XS	9=		OF	X\$18=	
	Independent	*	Minus	***		=	X4	3≟	1	OF	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]		<u> </u>	┤˘`		
							1 + 1	45= 		OF	<u></u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	'II the "Highest Nu The "Highest Nur	imber Previously Pa nher Previously Pa	id For" (Total or	o oraut Indenen	as less in dent) is th	an 3, emer 3. e highest numb	er found in	the a	ppropriate b	ox in	column 1.	